

CANCELLATION RIDER - FIDELITY BONDS  
(\*if bond is cancelled for any reason)

To comply with the Statute or with ruling of Supervision Authority.

R I D E R

To be attached to and form a part of \_\_\_\_\_  
(Insured Company Name)

Bond No., \_\_\_\_\_ issued by the Undersigned, (hereinafter called Company)

\_\_\_\_\_ dated the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ in the amount  
(Carrier's Name)

of \_\_\_\_\_ (\$ \_\_\_\_\_) and in favor of \_\_\_\_\_  
(Company Insured)

(hereinafter called Insured). It is understood and agreed that the attached Bond shall be and the same is, hereby amended by adding a paragraph to the Cancellation Clause thereof as follows:

\*Any change or termination of this Bond shall be filed with the Indiana Insurance Department. No Cancellation of this Bond, whether by or at the request of the Insured or by the Company, shall take effect prior to the expiration of 30 days after written notice of the cancellation of this Bond has been filed with the **STATE OF INDIANA, DEPARTMENT OF INSURANCE** unless an earlier date of such cancellation is approved by said STATE OF INDIANA, DEPARTMENT OF INSURANCE.

This rider shall become effective as of Noon, Standard Time, at the Insured's main office on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(CARRIER)

ACCEPTED:  
Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(INSURED)

\*Bonding Company Note: The Liability of the Bonding Company extends to the end of the expiration date (30) days after we receive notice and it is filed.

\*Insurance Company Note: The Insurance Company's failure to abide by the terms of the above will result in appropriate action being taken by the Indiana Department of Insurance.